

BRIGHT FUTURES EXAM: MIDDLE ADOLESCENT (ages 15, 16, & 17 years)

NAME:			VISIT DATE: ____/____/____			DOB: ____/____/____		
MaineCare ID#:			<input type="checkbox"/> NO SHOW			Actual Age:		
						Service Location Name and ID #:		
Examiner's Last Name:			Examiner's NPI #:			Pay To NPI #:		
MARK UNDER APPROPRIATE ANSWER , KEY: Mark NI for normal, Ab for abnormal, or Y for yes, N for No, or ✓ if item done								
(1) HISTORY			(2) PHYSICAL EXAM			(3) IMMUNIZATIONS GIVEN		
1. General health:	NI	Ab		NI	Ab	33. Up to date?	Y	N
2. Illness Free	Y	N	15. WT: _____ lbs			HepB	Y	N
3. Injury Free	Y	N	16. HT: _____ in			MMR#2	Y	N
4. Allergies:	Y	N	17. BMI : _____ %			Tdap	Y	N
5. Meds:	Y	N	18. Blood Pressure _____/_____			34. Immunizations given today		
6.Exercise:	Y	N	19. Skin			Document vaccine brand below and record in Impact2		
7. Diet:	NI	Ab	20. Ear					
8. Work:	Y	N						
9. Driver's License:	Y	N	21. Nose					
10. Menses:	Y	N	22. Throat					
11. Future plans:	Y	N	23. Teeth					
12. Family changes:	Y	N	24. Neck/Nodes					
13 Parent/Adolescent Interaction:	NI	Ab	25. Lungs					
Able to interview adolescent alone	Y	N	26. Heart					
14. Dental appt in last year	Y	N	27.Breasts (discuss self exam)			(6) KEY ANTICIPATORY GUIDANCE		
			28. Testicles (discuss self exam)			✓	* = key items	
			29. Tanner stage :				*56.Use seatbelt at all times	
			32. Musculoskeletal				57. Test smoke/carbon monoxide detectors	
			33. Neuro				58. Use protective gear/mouth guards/helmets/etc	
			34. Extremities				59. Use sunscreens	
			35. General hygiene				*60. Assess conflict resolution skills	
			32. Musculoskeletal				*61. Sexuality education-safety, abstinence	
							*62 .Avoid tobacco, alcohol, etc.	
							*63. Gun/Weapon safety	
(5) DEVELOPMENTAL /SCHOOL PERFORMANCE [✓if discussed]							*64. Respect parents limit	
							65. Practice peer refusal skills	
✓	Social/Emotional Development:		✓	School:		*66. Discuss frustrations with school & thoughts of dropping out		
	41. What do you do for fun?			49. Is school work difficult for you?		67. Students may be involved w/sports		
	42. Do you ever feel down or depressed?			50. How often are you absent?		68. Use Bike/Ski/Skate helmet		
	43. Who do you confide in with your feelings?					69. Dental appt		
	44. Have friends/relatives tried suicide?			Sex:		70. 5-2-1-0, Avoid Juice/Soda/Candy		
	45. Any thoughts of hurting yourself?			51. Do you date? Any steady partner?				
	Physical:			52. Any worries/questions about sex?				
	46. Feelings about your appearance?			53. Have you begun having sex? If yes, kinds of birth control needed?				
	47. Do you smoke, drink, or use drugs?			54. Ever been touched uncomfortably?				
	48. Do you own a gun? Is one kept in thehouse?			55. Take drugs?				
(4) SCREENING IF AT RISK								
35. PPD	NI	Ab	38. Vision R20/____L20/____	NI	Ab	40. If secually active		
If done , Result:	Neg	Pos	39. Hearing R_____L_____	NI	Ab	PAP Smear	NI	Ab
36. Annual Hct, Hgb	NI	Ab				Gonnorhea	Neg	Pos
37. High risk hyperlipidemia	NI	Ab				Chlamydia	Neg	Pos
Lipid result:	NI	Ab				Consider syphilis (VDRL/RPR), HIV		
MaineCare Member Services follow-up needed: [circle as appropriate] arrange transportation/find dentist/ find other provider/make appointment/Public Health Nurse visit/ other								
ASSESSMENT/ABNORMALS PLAN [refer to line item numbers]								
EXAMINER'S SIGNATURE: _____ DATE: ____/____/____ RTC in ____ months								